

SECRET

16 August 1968

MEMORANDUM FOR: Deputy Director for Support

SUBJECT : Inspector General's Survey of the Office of Medical Services, July 1968

REFERENCE : Your memorandum, dated 23 July 1968, subject as above

As requested during our discussion 13 August, the position of the Office of Medical Services on the recommendations of the subject report is outlined below.

Recommendation No. 1

a. Concur. Since late 1967 we have had a flight-experienced Medical Officer engaged in the development of this concept. He is working closely with and is well received by [redacted]. It is our opinion that his efforts would also be helpful to [redacted] as perhaps the greatest potential customer for his services. This Medical Officer is unslotted and is carried in our Development Complement. For the proper formal designation intended by the IG recommendation, a position should be provided for this officer and we do accordingly request such.

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b. Concur provided a position for the flight surgeon is made available.

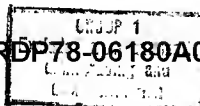
Recommendation No. 2

Concur. This has been discussed with the DD/SA who is in agreement.

Recommendation No. 3

(Our present practices for professional staffing have evolved over a period of almost two decades. The problems in recruiting, utilizing and retaining a scarce category of professional personnel such as physicians have not been minor. These basic problems are probably greater because of the relative small number of individuals involved: the sudden change in the availability or personal disposition of one physician can, for example, require a chain of personnel adjustments. The niceties of conventional personnel planning and practices must often be slightly compromised to assure essential staffing continuity. We shall, however, continue our efforts to obtain the appropriate orientation training and uniformity of personnel practices for this unique group of personnel.)

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a. Concur. We shall plan to discuss with each contract Medical Officer at least one year before expiration of his contract the plans for his subsequent utilization -- to the extent such plans can be known at the time.

b. Concur. We shall consult with the Director of Training and seek to expand the orientation Medical Officers receive on EOD and upon return from overseas assignment. We must, however, invite attention once again to the exigencies that are to be expected in working with a small number of highly trained professional personnel.

c. Concur. We shall request the assistance of the Director of Personnel in reviewing the existing contracts with professional medical personnel and seeking the greatest uniformity possible.

Recommendation No. 4

Concur. Panel C of our Career Service is being requested to review the current assignments of Medical Technicians and Medical Service Officers. It is a fact, as indicated in the IG report, that increasing sophistication and more complicated diagnostic procedures in our clinical function have required longer tenures than previously. We shall strive for a happy medium.

Recommendation No. 5

The present arrangement whereby we use medical careerists in the positions of Personnel Officer (Position Number 0035) and Administrative Officer (Position Number 0090) of the Office of Medical Services has also evolved over nearly two decades. We have found it to be the best arrangement for our needs. We are convinced that our Personnel Officer functions better with a medical background. The Administrative Officer position is not purely budget and/or finance but involves the QMS services function which requires familiarity with medical practices and equipment. Perhaps of equal importance is the fact that these positions represent more senior SD:SM positions to which the lower-graded Medical Technicians may aspire for career development. They are in this sense quite vital to our career program. Although these positions have always been filled competently and effectively by SD:SM personnel and we should prefer to continue this, we shall be happy to discuss this recommendation further.

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Recommendation No. 6

a. Concur in principle. When the Selection Processing Center (SPC) was activated in October 1967 it was our intent that there would eventually be an organizational integration of all medical selection activities in the Rosslyn area. This remains our plan. It should be noted, however, that at present we not only do not have the appropriate staff positions for the SPC, we do not have funds to pay the FY 1969 salaries of the full-time contract personnel who are working in the SPC. It would seem that provision of the necessary positions would precede the establishment of any Selection Processing Division.

b and c. Whereas it is our intent that the C/SPC will eventually be responsible for all applicant screening, we believe that there may remain a role for Chief, Psychiatric Staff, for example, in the event the SPC recommends disqualification for psychiatric reasons. The experience of the C/PS in such matters is in our judgment too valuable to ignore. In sum therefore, Recommendations 6b and c in our opinion require additional study.

Recommendation No. 7

a. We presently have a study under way on the mission, functions and organization of the OMS. We are therefore not prepared at this time to say that the Psychiatric Staff and Clinical Division should be combined into a Medical Services Division. Certainly, this is one possibility. Other possibilities, however, would combine:

Clinical Division and Selection Processing Center
Psychiatric Staff and Assessment and Evaluation Staff

Accordingly, we suggest that any specific re-organizational action be deferred until completion of our study.

b. The position of Special Assistant for Clinical Activities is also included in our present organizational study. It should be stated, however, that the SA/CA has proven extremely helpful to the D/MS, and whereas the functions of the SA/CA can perhaps be performed elsewhere, we suggest that action in this matter be deferred pending the results of our study.

Recommendation No. 8

Concur. We shall work on this. We also believe the Counselling Function that we have proposed for consideration of Agency management would be helpful in this area.

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Recommendation No. 9

a. The intent of this recommendation is good but we should prefer to avoid the coercive element that this recommendation implies and rely on our own professional persuasive capabilities to insure currency of physical examinations. It is also a fact of life that we are normally confronted with the reverse problem: more employees want examinations than we can satisfy.

b. We shall take action to improve this, but in our judgment the responsibility should be that of the employee to provide evidence of corrective action rather than the OMS "policing" him. In some cases the role of the OMS must necessarily stop at recommendation.

Recommendation No. 10

Concur. We shall confer with the Director of Personnel to reduce the processing time for medical disability retirement cases. In such cases under the Agency's program we have been moving very deliberately as befits a new program. It is to be noted, however, that under this program the time required for a case represents the medical adjudication process as well as the actual examination. This would normally require more Agency time than a case that is worked up in the Agency but sent to the Civil Service Commission for adjudication.

Recommendation No. 11

Concur. We are certainly interested in keeping the Office of Personnel informed concerning employee emergencies, and will discuss more effective procedures with that office. We shall also include the Office of Security in this discussion.

Recommendation No. 12

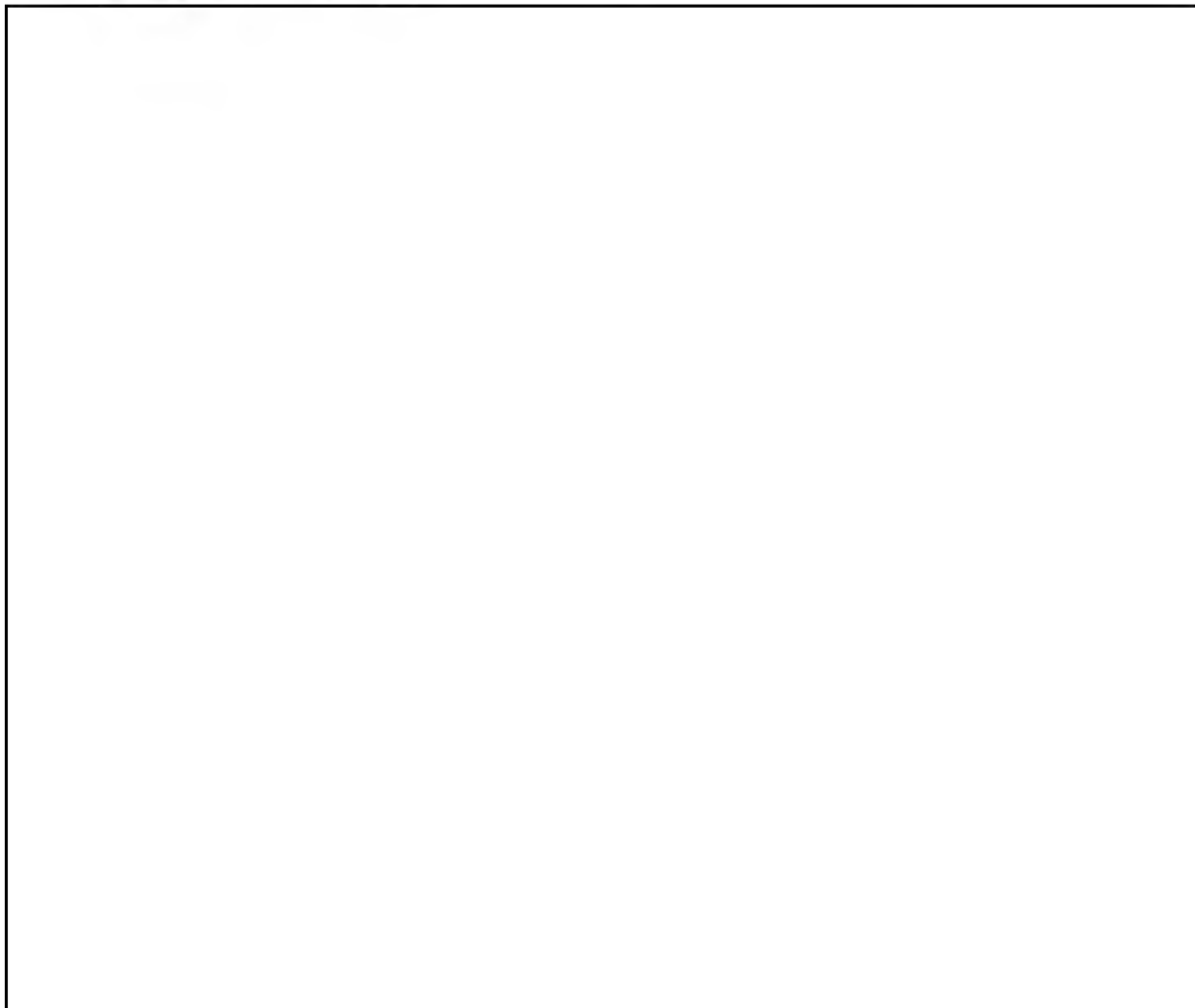
Concur. We shall request that the regulation be amended. This is in fact our operating policy -- as the IG report itself states. In view, however, of the predictable occasions when for valid reasons it will be manifestly impracticable to require a medical examination by an Agency Medical Officer, we feel that the regulation should not establish an absolute requirement, but should set forth the requirement that will apply whenever feasible.

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Recommendation No. 13

It is our judgment that the present regulatory provision for determining geographic areas requiring dependent physical examinations is adequate, and that the deficiency pointed out by the IG report can best be corrected by updating and keeping current the system provided for in the present regulation. We should like to continue to have the advice and assistance of the area divisions in determining those areas requiring dependent examinations and plan to work with them to bring our lists up to date.

Recommendation No. 14



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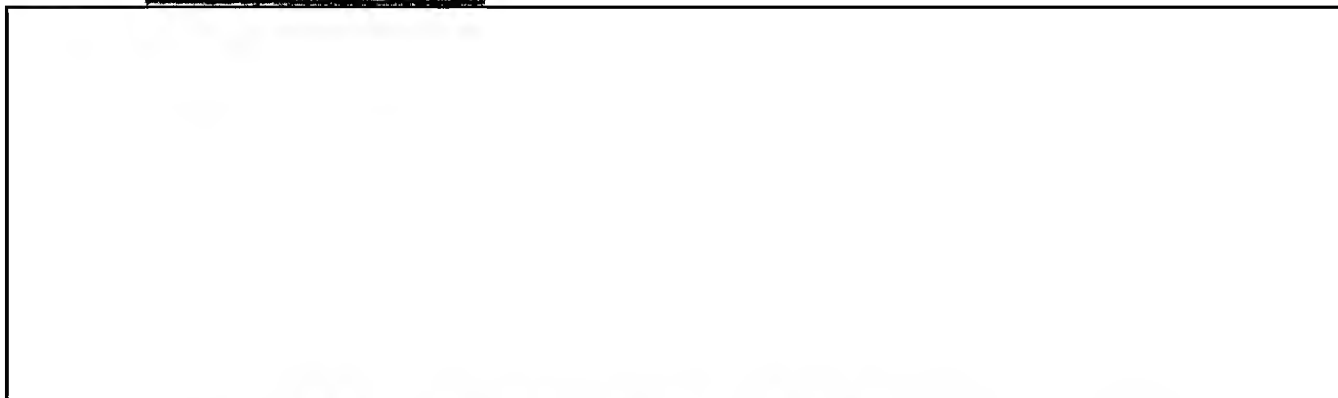
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Recommendation No. 15



b. Concur. "Psychological Services Division" would, in our judgment, be a more appropriate title in view of the expanded functions of our Assessment and Evaluation Staff.

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OMS/ [] (16 Aug 68)

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SIGNED

JOHN R. TIETJEN M.D.

JOHN R. TIETJEN, M. D.
Director of Medical Services

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